

10/563832

IAP20 Rec'd FPO/PTO 09 JAN 2006

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: DIAGNOSIS AND TREATMENT  
METHODS RELATED TO AGING (8A)  
Attorney Docket Number:: KOPCHICK8A  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: John

Middle Name:: J.  
Family Name:: KOPCHICK  
Name Suffix::  
City of Residence:: Athens  
State or Province of Residence:: Ohio  
Country of Residence:: United States  
Street of Mailing Address:: 4 Orchard Lane  
City of Mailing Address:: Athens  
State or Province of Mailing Address:: Ohio  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 45701  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Markus  
Middle Name::  
Family Name:: RIDERS  
Name Suffix::  
City of Residence:: Gunnison  
State or Province of Residence:: Colorado  
Country of Residence:: United States  
Street of Mailing Address:: 602 W. Georgia  
City of Mailing Address:: Gunnison  
State or Province of Mailing Address:: Colorado  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 81230  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Karen  
Middle Name:: T.  
Family Name:: COSCHIGANO  
Name Suffix::

<b>City of Residence::</b>	The Plains		
<b>State or Province of Residence::</b>	Ohio		
<b>Country of Residence::</b>	United States		
<b>Street of Mailing Address::</b>	11703 Channingway Blvd.		
<b>City of Mailing Address::</b>	The Plains		
<b>State or Province of Mailing Address::</b>	Ohio		
<b>Country of Mailing Address::</b>	United States		
<b>Postal or Zip Code of Mailing Address::</b>	45780		
<b>Applicant Authority Type::</b>	Inventor		
<b>Primary Citizenship Country::</b>	United States		
<b>Status::</b>	Full Capacity		
<b>Given Name::</b>	Elahu		
<b>Middle Name::</b>	S.		
<b>Family Name::</b>	GOSNEY		
<b>Name Suffix::</b>			
<b>City of Residence::</b>	Athens		
<b>State or Province of Residence::</b>	Ohio		
<b>Country of Residence::</b>	United States		
<b>Street of Mailing Address::</b>	111 W. State Street		
<b>City of Mailing Address::</b>	Athens		
<b>State or Province of Mailing Address::</b>	Ohio		
<b>Country of Mailing Address::</b>	United States		
<b>Postal or Zip Code of Mailing Address::</b>	45701		
<b>Correspondence Information</b>			
<b>Correspondence Customer Number::</b>	001444		
<b>Representative Information</b>			
<b>Representative Customer Number::</b>	001444		
<b>Domestic Priority Information</b>			
<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent</b>	<b>Parent Filing</b>
This Application	National Stage of	Application::	Date::
PCT/US2004/0219	Appln claiming benefit of 35 USC 119(e)	PCT/US2004/0219 44	07-08-04
		60/485,222	07-08-03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name::	OHIO UNIVERSITY
Street of Mailing Address::	Technology Transfer Office, 20 East Circle Drive
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701